



Training Enrolment Application

Local Student

Fill in all sections clearly and carefully by writing in block letters.

Information requested on this form is for national database and tracking purposes and assists in ongoing qualification issuance as required.

All data is confidential and is not forwarded to any other party with the sole exception of the national statistical database to inform future federal funding in Vocational Training.

The application fees is to be paid before the Enrolment Application is accepted (Non Refundable)

Location:

Swann College currently has 2 locations in Australia. Please select from the below:

Campus Location: Adelaide SA

Sydney NSW

Personal Details

Title: Mr Ms Mrs Miss Dr Other

Family Name:

Given Names:

Residential Address:

Post Code:

Postal Address:

Post Code:

Phone:

Date of Birth:

Email:

Gender:

Emergency/Next of kin contact-Name:

Relation:

Phone:



Course Details

Name of Course/Qualification you wish to enroll in:

- AUR30616 Cert III in Light Vehicle Technology
- AUR40216 CertIV Automotive Mechanical Diagnosis:
- AUR50116 Diploma of Automotive Management
- AUR50216 Diploma of Automotive Technology
- BSB50215 Diploma OF Business
- BSB60215 Advance Diploma of Business

RPL

Do you wish to apply for National Recognition/Credit Transfer or RPL (Recognition of Prior Learning)? Yes No

If yes, please select: RPL Credit Transfer

Language and cultural diversity

Are you of aboriginal or Torres Strait Islander origin? No
 (For persons of both Aboriginal AND Torres Strait Islander origin, mark both "Yes" boxes) Yes
 Yes, Torres Strait Islander

Were you born in Australia? Yes No

If yes, Town/City:

If no, please specify county: _____ Town/City of Birth: _____

Do you speak a second language No, English only
 Yes, other:

How well do you speak English? Very well Well Not well Not at all

Disabilities

Do you consider that you have a disability, impairment or long-term condition? (You may indicate more than one area)

- No
- Vision
- Hearing/Deaf
- Physical
- Medical Condition
- Other
- Intellectual
- Mental Illness
- Learning
- Acquired brain impairment

Schooling

What is your highest completed school level?



- Completed year 12
- Completed year 11
- Completed year 10
- Completed year 9
- Completed year 8 or lower
- Did not go to school

In which year did you complete school?

Are you still attending secondary school?

Yes

No

Previous achieved qualifications

Have you successfully completed any of the following qualifications?

Yes

No

- Bachelor Degree or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma (or Associate Diploma)
- Certificate IV (or Advanced Cert/Technician)
- Certificate III (or Trade certificate)
- Certificate II
- Certificate I
- Certificates other than the above

Employment Details

Business Name:

Contact Name:

Address:

Town/Suburb:

Phone:

Employment

Of the following categories, which BEST describes your current employment status?

(Tick ONE box only)

- Full-time employee
- Part-time employee
- Self-employed-not employing others
- Employer
- Employed- unpaid worker
- Unemployed-seeking fulltime work
- Unemployed-seeking part time work
- Not employed-not seeking

Study Reason

Of the following categories, which BEST describes your main reason for undertaking this course/traineeship /apprenticeship? (Tick ONE box only)

- To get a job
- To start my own business
- To get a better job
- To develop my existing business
- To try a different career
- It was a requirement of my job



- I wanted extra skills for my job
- To get into another course of study
- For personal interest or self-development
- Other reasons

Unique Student Identifier (USI) Authority

Do you have a Unique Student Identifier (USI) number? Yes No

If yes, my USI number is:

If no, I authorize Swann College to apply for my USI number on my behalf. Yes No

You will need to supply a copy of your driver's license with your application from to obtain a USI.

Student Declaration

I understand that information contained in these forms may be provided to State and Commonwealth agencies and research organisations and I consent to that occurring. I certify that all details provided on these forms are true & correct.

I agree to pay the full course fee 14 days before the commencement of my course.

Student Sign:

Date:

Payment Details

Please do not hesitate to contact if you require Invoice prior to payment, however Invoice will be issued to business or personal name once we receive the payment.

Account Name:-Swann

College Bank:- Bank SA

BSB:- 105-029

Account No:- 083416540

Office Use Only

Deposit Paid Yes No

Receipt Number:

Application Accepted Yes No

Accepted by General Manager: Sign Date

The reason for rejecting this application (if rejected):

The Student Training Agreement/Contract of Training Received and signed:



Yes

No

Sign:

Date:

Information entered into SMS:

Date:

Yes

Administrator sign:

Date: